



Arizona Department of Revenue • EFT Unit  
1600 West Monroe, Room 610 • Phoenix, AZ 85007-2650  
Tel: (602) 716-7807 or 1-800-572-7037 • Fax: 1-602-716-7989  
www.azdor.gov

DOR USE ONLY	
<input type="checkbox"/>	Modify

## AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER AND DISCLOSURE AGREEMENT – FOR DEBIT FILERS

- **Parts I and II must be filled out completely and the form must be signed.**
- This form is for Telephone Debit Modifications only and not the AzTaxes web site.
- If you are new to the EFT Debit Program, please register at [www.aztaxes.gov](http://www.aztaxes.gov).

### Part I: Taxpayer Information (required)

1 BUSINESS NAME			7 EFT CONTACT NAME		
2 BUSINESS STREET ADDRESS 1			8 EFT CONTACT TITLE		
3 BUSINESS STREET ADDRESS 2			9 BUSINESS PHONE NUMBER (with area code)		
4 BUSINESS CITY	5 STATE	6 ZIP CODE	10 EFT CONTACT E-MAIL ADDRESS		

### Part II: Modifications to Existing Telephone Agreement **ONLY**

(Complete this section only if you are currently using the ACH-Debit Telephone option and need to change information.)

Check the tax type that requires action. Be sure to provide the EIN or state-issued license number for that tax type and the required changes to banking information. Fax the completed form to (602) 716-7989.

11 <input type="checkbox"/> Estimated Corporate Income Tax EIN: _____	12 <input type="checkbox"/> Payroll Withholding Tax EIN: _____	13 <input type="checkbox"/> Transaction Privilege & Use Tax AZ TPT No: _____
14 BANK ACCOUNT NAME		15 BANK ACCOUNT NUMBER
16 ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	17 BANK ROUTING/ TRANSIT NUMBER (ABA) <i>As shown on your check, not the deposit slip:</i>	

### Part III: Disclosure Agreement

- ☐ This Disclosure Agreement automatically revokes all earlier EFT authorization agreements and disclosure agreements on file with the Arizona Department of Revenue. *Check this box if you do not want to revoke a prior EFT authorization agreement and disclosure agreement. You **MUST** attach a copy of any prior agreements you want to remain in effect.*

### Part IV: Signature

This form is not a Power of Attorney and does not grant the contact person(s) any power of representation. This disclosure authorization is to remain in force until rescinded by the undersigned. By signing this form, I certify that I have the authority to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s).

Taxpayer's Authorized Signature	Title	Date
Payroll / Accounting Service Group's Authorized Signature	Title	Date

NOTE: This form may be duplicated. Please make a copy for future use.